PROE - Provider Entry

This screen is accessed when a worker chooses to add a new provider to the system. This information is necessary so the system knows what type of facility the worker is going to be adding. If any option other than "add non licensed/non contracted provider" is selected, additional information will need to be entered at the bottom of the screen.

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CAFSPROE                      PROVIDER ENTRY            02/27/2007    15:39
USER ID : CS4566
PROV NO : 0001055  000     PROV NAME: ALBERTSONS



                  TO SELECT, ENTER S=SELECT

            S ADD ADOPTIVE/FOSTER/KINSHIP/GUARDIANSHIP PROVIDER
            _ ADD UMBRELLA PROVIDER
            _ ADD FACILITY TO EXISTING PROVIDER
            _ ADD NON LICENSED/NON CONTRACTED PROVIDER



            FACILITY TYPE:

            PROVIDER NAME:
                ABRV NAME:






                                                          PATH: FACD
```

Field Descriptions (F12) indicates code lookup is available.

PROV NO
This field will display the provider number of the provider you last accessed in the system. If the PROE (Provider Entry) screen is being accessed for the first time, this field will display zeroes.

PROV NAME
This field will display the name of the provider whose ID is displayed in the PROV NO field. If the PROV NO field displays zeroes, this field will be blank.

SEL LINE
Enter an "S" next to the type of provider you are going to add to the system. Only certain staff types have the authority to add certain types of providers. For example, only "licensing" staff types will be able to add the first three types of providers.

<u>If ADD ADOPTIVE/FOSTER/KINSHIP/GUARDIANSHIP PROVIDER is selected</u>:

FACILITY TYPE (F12)
Enter the type of license the provider is going to have. You can only enter one here, even if there will be more than one license for this provider. You can add additional license types directly from the FALL (Facility Approval/Licensing List) screen.

PROVIDER NAME
Enter the name of the provider. For these types of providers, names should be entered LAST NAME FIRST NAME (for example, SMITH JOE AND BETTY).

ABRV NAME
Enter an abbreviated name for the provider. For these types of providers, names should be entered LAST NAME, FIRST NAME for second person on application (for example, SMITH BETTY or SMITH B). This way, you can search for "SMITH J" or "SMITH B" and they will both easily be found.

<u>If ADD UMBRELLA PROVIDER is selected</u>:
The PROD (Provider Detail) screen will automatically be displayed.

<u>If ADD FACILITY TO EXISTING PROVIDER is selected</u>:

FACILITY TYPE (F12)
Enter the type of license the provider is going to have. You can only enter one here, even if there will be more than one license for this provider. You can add additional license types directly from the FALL (Facility Approval/Licensing List) screen.

PROVIDER NUMBER
Enter the provider number for the provider you want to create a new facility for. The FACD (Facility Detail) screen will then be displayed with the next available facility number. *NOTE: this option should <u>NOT</u> be selected for provider's who have an existing daycare license and are now going to be licensed as a foster/kinship home. Adding new facilities indicates there is an additional location for this provider – multiple licenses in the same location should ALWAYS be entered under the same provider/facility number.*

PROVIDER NAME
This field is not enterable. The provider name that is associated to the entered provider number will default to that name on the FACD (Facility Detail) screen.

ABRV NAME
This field is not enterable. An abbreviated name for the new facility can be entered on the FACD (Facility Detail) screen.

<u>If ADD NON LICENSED/NON CONTRACTED PROVIDER is selected</u>:
The PROD (Provider Detail) screen will automatically be displayed.

Additional Information

None.